



FACSIMILE TRANSMITTAL

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Date: May 19, 2011

Pages: 4 (including cover sheet)

Comments:

FEC Form 9

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

U.S. Chamber of Commerce

(b) Address (number and street) ☐ check if different than previously reported

1615 H Street NW

(c) City, State and ZIP Code

Washington D.C. 20002

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C30001101

3. Is This Statement

☐ New

or

☒ Amended

4. Covering Period

05 '18 '2011

through

05 '18 '2011

5. (a) Date of Public Distribution(s) 05 '18 '2011

(b) Communication Title "Fighting" / "Jobs"

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify:

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes

No

8. Custodian of Records

(a) Name

Rob Engstrom

(b) Address (number and street)

1615 H Street NW

(c) City, State and ZIP Code

Washington, DC 20002

(d) Name of Employer or Principal Place of Business

U.S. Chamber of Commerce

(e) Occupation

Vice President

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

100,000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Robert J. Engstrom

SIGNATURE

DATE

5/18/11

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 2 OF 3

11. Person(s) Sharing/Exercising Control

A. (a) Name Rob Engstrom	
(b) Address (number and street) 1615 H St NW	
(c) City, State and ZIP Code Washington DC 20062	
(d) Name of Employer or Principal Place of Business	(e) Occupation Vice President
B. (a) Name Bill Miller	
(b) Address (number and street) 1615 H St NW	
(c) City, State and ZIP Code Washington DC 20062	
(d) Name of Employer or Principal Place of Business	(e) Occupation Senior Vice President
C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 3 OF 3

A. Full Name (Last, First, Middle Initial) of Payee <u>Designated Market Media</u>				Date of Disbursement or Obligation <u>05 ' 16 ' 2011</u>	
Mailing Address of Payee <u>3299 K St NW #200 Washington DC 20062</u>				Amount <u>100,000.00</u>	
City State Zip Code City: _____ State: _____ Zip Code: _____				Communication Date <u>05 ' 18 ' 2011</u>	
Name of Employer Occupation Name of Employer: _____ Occupation: _____					
Purpose of Disbursement (Including title(s) of communication(s)) <u>"Fighting" TV spot & corrected version running under title "Jobs"</u>					
Name of Federal Candidate <u>Jane Corwin</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>NY</u> District: <u>26</u>	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Special Election</u>	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee _____					
Mailing Address of Payee _____				Date of Disbursement or Obligation M M D D / Y Y Y Y	
City State Zip Code City: _____ State: _____ Zip Code: _____				Amount _____	
Name of Employer Occupation Name of Employer: _____ Occupation: _____				Communication Date M M / D D / Y Y Y Y	
Purpose of Disbursement (Including title(s) of communication(s)) _____					
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursements/Obligations This Page (optional)					
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)					

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
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	Delivery Confirmation™ Label <input type="checkbox"/>

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<input type="checkbox"/> No Postmark

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